SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12651 OF 312931					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)					
	Detailed Summary Page	21b 27	22 28a		24 25 28c 29	26 30b	
Any information copied from such Reports and Statem	pents may not be sold or used						
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
ActBlue							
/ Full Name (Last, First, Middle Initial)							
A. KARL SINGER			Date of Di	sbursement			
NAIL SINGER			M M /	D D /	YYY	Y	
Mailing Address 10 HOBBS RD			12	28	2015		
City	No. 1						
City S KENSINGTON	State Zip Code NH 03833		Transact	ion ID : SB2	8A_334569	72	
Purpose of Disbursement	00000						
Contribution Refund			Amount of	Each Disbu	rsement this	s Period	
Candidate Name	"	Category/			1	00.00	
Office Sought: House	agent For	Type		7	, '	00.00	
Office Sought: House Disbursen Senate	nent For: Primary General		Definition			andra al Com Di	
	Other (specify)		(C0000093	contribution, (5)	initially earm	arked for D	
State: District:	- (-i:2::) / \\		, , , , , , ,	•			
Full Name (Last, First, Middle Initial)							
B. MICHAEL SINGER			Date of Di	sbursement			
 			M = M /	D D /	YYYY	- Y	
Mailing Address 1407 S CARRIAGE LN			12	18	2015		
City	State Zip Code		T	: ID OD	000444	40	
NEW BERLIN	WI 53151		Transact	ion ID : SB2	28A_336414	10	
Purpose of Disbursement Contribution Refund	1		A a f	Cash Diahu		. Daviad	
Candidate Name			Amount of	Each Disbu	rsement this	s Period	
Canada Name		Category/ Type	l L			1.00	
Office Sought: House Disbursen	nent For:	.,,,,,		,	,		
	Primary General		Refund of o	ontribution,	initially earm	arked for A	
	Other (specify) ▼		(C0040122	4)			
State: District:							
Full Name (Last, First, Middle Initial)			Data of Di	sbursement			
. MICHAEL SINGER			M M /		YYYY	V	
Mailing Address 1407 S CARRIAGE LN			12	18	2015	_ '	
	State Zip Code		Transact	ion ID : SB2	28A_336414	09	
NEW BERLIN Purpose of Disbursement	WI 53151		_				
Contribution Refund			Amount of	Each Disbu	rsement this	s Period	
Candidate Name	L	Category/	I III Garie of	3,000			
		Type				10.00	
Office Sought: House Disbursen							
	Primary General Other (specify)		Refund of c (C0000093	ontribution,	nitially earm	arked for D	
State: District:	Other (specify)		(50000093)	<i>.</i> ,			
Sierrot.							
SUBTOTAL of Disbursements This Page (optional)					1	11.00	
			-	7	7	===	
TOTAL This Period (last page this line number only)				,	,		